

Montgomery County Department of Liquor Control	NEW ITEM LISTING REQUEST LIST ONE SIZE PER FORM Email: Product.Listing@montgomerycountymd.gov	Product Management Committee
If you are a new vendor, please complete the New Vendor Information Form.		Date:
SECTION I - PRESENTATION DATA		
New Item Presentation <input type="checkbox"/>	Size Extension <input type="checkbox"/>	Line (brand extension) <input type="checkbox"/>
SECTION II - CATEGORY/ITEM DATA		
Product Name:		
Market Category:		
Price Point Target:		
Competitive Markets Sales (case sales; please note time period)		
Virginia:	Maryland:	Currently listed as Special Order in MoCo?:
Nationally:	DC:	If yes, list existing code:
SECTION III - MARKET SUPPORT (Please use more paper if you need to.)		
ADVERTISING - Attach TV, Radio, National or Local Print or Other advertising, noting time periods advertising will run.		
SECTION IV - CURRENT CUSTOMERS		
Is this item currently being purchased by any licensees (on a wine list, for example)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If so, please <u>Attach</u> the list of the accounts, and the number of cases purchased in the last year:		
SECTION V - PRICING PROMOTIONAL SUPPORT DETAILS		
Please <u>Attach</u> a list of any Depletion Allowances or S.P.A. amounts that will be provided, and how many times per year:		
SECTION VI - PRODUCT PACKING AND SHIPPING INFORMATION (Fill In all Spaces)		
SIZE: (Please list one size per form)	Cases per Tier:	Cases per Pallet:
CASE PRICE:		STATE TAX:
FOB Point:		FREIGHT:
Bottles per Case:		LAID IN:
Bottle UPC Code (include the first and last (small) numbers):		
SECTION VIII - VENDOR DATA		
Vendor of Record for the Product:		VENDOR NUMBER:
Company Submitting the Listing Request:		
Product Contact:		
Tele:	email:	
Signature of Authorized Official:		Date:
Please do not write below this line - for use by Montgomery County Department of Liquor Control		
Committee Recommendation:		
List as: <input type="checkbox"/> ST <input type="checkbox"/> SC <input type="checkbox"/> HO <input type="checkbox"/> Other		Initial Order Quantity?
<input type="checkbox"/> Do not list at this time		
CO-CHAIR		Date:
CO-CHAIR		Date:
Final Decision: <input type="checkbox"/> Agree <input type="checkbox"/> Do not agree	Notes:	
DIRECTOR		Date: